

Church Matching Scholarship Deadline Extension Appeal Form

CHURCH REQUEST INFORMATION

(IWU office use)

Church: _____

ID# _____

Address: _____

Requested &
Approved By: _____

Position at Church /
Organization: _____

Phone: _____

Email: _____

STUDENT INFORMATION (please submit one form per 5 students)

Award Year:: _____

(academic year)

Today's Date: _____

Student Name: _____

ID# _____

Student Name: _____

ID# _____

Student Name: _____

ID# _____

Student Name: _____

ID# _____

Student Name: _____

ID# _____

EXTENSION INFORMATION

Semester extension requested (check all that apply):

Fall (Jul 1)

Spring (Dec 15)

NOTE: All funds must be received within 90 days of semester due date

Reason for extension request (check all that apply):

Need to review previous semester GPA in order to award scholarship to student(s).

New IWU student(s).

Other, _____

***Extension and Award Forms** must be received by **Jul 1 (Dec 15 for Spring)**

*Submission of this form does not guarantee approval.

By submitting this form, I understand without full payment, my student(s) will not receive the IWU matching funds and may be responsible for the outstanding balance until paid in full.



INDIANA WESLEYAN UNIVERSITY

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